

Community Memorial Hall Veterans Memorial Honor Roll Roster

Submission Form

First Name	Middle Initial (s)	Maiden Name	Last Name	Suffix
litary Service Rank/Rating	Unit/Ship/Organization	Unit/Ship/Organization of Assignment		End Date of Service:
,	War/Conflict(s) Na	me (If Applicable, please lis	t in order)	
	,	Awards/Decorations		
We	may need to contact	you recarding the a	hove information	
***		mplete the informat		
Name of Contact Persor Contact Phone			Best time to call:	
			Dest time to can.	
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AFTER YOU HA				OWING:
AFTER YOU HA	VE COMPLETED THIS			OWING:
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209 N. WARREN ST. • ORWIGSBURG, PA 17961